

GENERALS WRESTLING

2011-12 REGISTRATION

AAU No. _____

(if already purchased)

NAME OF PARTICIPANT _____

BIRTH DATE _____ AGE _____ WEIGHT _____ GRADE _____

ADDRESS _____
(street) (city) (state) (zip code)

PARENTS / GUARDIANS _____
mother father

T-SHIRT SIZE (circle one): YS, YM, YL, S, M, L, XL

**PLEASE LIST BOTH PARENTS PHONE/ADDRESS/E-MAIL. IF YOU NEED MORE ROOM USE BACK OF FORM*

PHONE NUMBERS _____

E-mail addresses: _____

GENERAL HEALTH (Medical conditions, Medications, Allergies): _____

CONSENT AND RELEASE

I give permission for my child to participate on the Generals wrestling team. I understand that wrestling is a strenuous sport. In consideration for the acceptance of this registration, I release the Generals, the Wheaton Wrestling Alliance, the Capital Area Wrestling League, Georgetown Prep, coaches, referees, and volunteers from any liability or claims for injury or loss arising out of my child's participation. I consent to any emergency treatment administered to my child on my behalf. I guarantee the return of all uniforms and equipment issued to my child by the Generals. If I fail to return the uniforms/equipment within 30 days after completion of the season, I agree to pay the full replacement cost.

Parent/Guardian Signature _____ Date _____

REGISTRATION FEE: \$264 per wrestler payable to **Generals Wrestling**. A completed and signed CONSENT AND RELEASE form and payment are required before participating with the Generals.

WRESTLING PRACTICES:

MON., WED., & THURS. PRACTICES, **6:30 PM - 8:15 PM** AT GEORGETOWN PREP HANLEY CENTER
Georgetown Prep, 10900 Rockville Pike, North Bethesda, Maryland

FIRST PRACTICE: MONDAY, NOVEMBER 14, 6:30 PM, GEORGETOWN PREP WRESTLING ROOM

For CAWL information visit www.beltwaywrestling.com/generals